

## CITY OF ATLANTA APPLICATION FORM: 2011 FUNDING FOR NEW PROJECTS

Under the Community Development Block Grant (CDBG), Home Investment Partnership Grant (HOME), and Emergency Shelter Grant (ESG)

*Do Not Use this form if you are a current CDBG or ESG recipient requesting continuation funding for your human services or planning project. Instead, complete the Continuing Project application.*

*All other applicants, including currently funded housing and economic development projects, use this form.*

**APPLICATIONS ARE DUE NO LATER THAN 4:00 PM ON MONDAY, MAY 17, 2010.**

**All applications must be submitted to the Grants Management Office,  
Suite 15100, 68 Mitchell Street, SW, Atlanta, GA 30303.**

The application form is online at: <http://www.atlantaga.gov/government/finance/grantsmanagement> and at <http://www.tri-j.net/>; click on Funding Opportunities, 2011 City of Atlanta Consolidated Plan Program

*NOTE: This application is designed to be completed using computer and Microsoft Word or similar word-processing software. If applicant needs version that can be completed using typewriter, please contact the Office of Grants Management. Opening the Microsoft Word file. If Application does not open correctly, go to File menu, Page Setup, and set margins to Top .9, Bottom .9, Left 1, Right 1.2.*

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### PRE-QUALIFICATION CRITERIA FOR NEW APPLICANTS

Before beginning this application, please review the accompanying Proposal Application Instruction Package and the Pre-Qualification Criteria below. DO NOT SUBMIT an application if you cannot meet ALL pre-qualifications:

1. Agency must have had 501(c)(3) non-profit status at least 2 full years or have 2 full years of operating experience under another non-profit entity that meets this criteria.
2. Agency must have an audit or audited financial statement that was completed within the past 18 months.
3. Agency must have written financial-management procedures.
4. Agency must have at least 12 months of experience that is similar or related to the activities for which funding is being requested from City.
5. Agency incorporation recognized by GA Sec. of State's office; corporation must be in good standing.

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### PROJECT-SPECIFIC APPLICATION SECTIONS

All applicants should complete Section I, Section II, and Section III of the application form.

There are five different versions of the application's Section IV, which vary depending upon the type of project being proposed. Be sure that you complete the correct version, and only the correct version.

There are two different versions of the Section V. budget form. Make sure that you complete the correct version or versions. If you are requesting both operational and capital funding, complete both versions.

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Incomplete applications may not be reviewed or may be penalized. The City of Atlanta is not obligated to pursue missing information or to consider supplemental materials that are provided after the application deadline. Therefore, applicants should ensure that their applications are on time and complete at time of submittal.

The City accepts proposals from any source, including agencies, governmental entities, and civic groups. However, only certain types of applicants may be designated as grant recipients, including governmental agencies in the City of Atlanta and private non-profit organizations serving City residents.

Requests for individual assistance, either for a homeowner or a business, should not be made on this Application Form. Call 404-330-6112 for more information.

*City of Atlanta, Grants Management, 68 Mitchell Street, SW, Suite 15100, Atlanta, Georgia 30303-0323, PH 404-330-6112*

<b>One original and 4 copies of full application are to be transmitted no later than 4:00 P.M. on Monday, May 17, 2010 to:</b> City of Atlanta, Grants Management 68 Mitchell Street, SW, Suite 15100, Atlanta, Georgia 30303-0323 Telephone # 404-330-6112	For GM Use Only:	
	Proposal #	_____
	Date received	_____

**City of Atlanta Application Form for 2011 Funding for NEW PROJECTS**  
 under the Community Development Block Grant (CDBG), Home Investment Partnership Grant (HOME),  
 and Emergency Shelter Grant (ESG)

**► Section I: PROJECT IDENTIFICATION AND CONTACTS: ALL Applicants Complete ◀**

Project Name: \_\_\_\_\_  
 Amount Requested from City in \$: \_\_\_\_\_ Other Funding for Project in \$: \_\_\_\_\_

**A. Applicant Identification**

Organization's Legal Name: \_\_\_\_\_  
 Contact Person's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Daytime Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Executive Director's Name (if different from above): \_\_\_\_\_  
 Daytime Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

**B. Summary Description of Project:** (max. 8 lines w/ 11pt. type) Describe proposed project, not all of agency's activities.

**C. Project Site(s) Location:** Enter location(s) of project activity, not service area. If located in City of Atlanta, include Council District, NPU, Neighborhood. If not known, call Bureau of Planning 404-330-6145.

Street Address/Zip	Council District	NPU	Neighborhood

**D. Service Area (select one):**

☐ 1. Citywide  
☐ 2. All low/moderate income neighborhoods (see CDIA map in instructions)  
☐ 3. Partial service area in City of Atlanta. Note percentage of service in City: \_\_\_\_\_  
☐ 4. Other, specify: \_\_\_\_\_

**Applicant Certification of Accuracy:** Application is complete and accurate to the best of my knowledge.

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*Name/Title of Responsible Agency Representative*

*Signature*

*Date*



**► Section II: CHECKLIST: ALL Applicants Complete ◀**

**A. Checklist --** Indicate whether the following documents/attachments are submitted with application.

Document or Attachment	#Copies	Yes	No	NA	If needed + not included, date to submit:
APPLICATION GENERAL SECTIONS:					
I. Project Identification and Contacts	5				
II. Checklist	5				
III. General and Compliance Items	5				
PROJECT SECTION (COMPLETE ONE):					
IV.01 Single/Multi-Family Housing Development or	5				
IV.02 Homeless/Special Needs Housing Development or					
IV.03 Community Facilities, Historic/ Access, Public Infrastructure or					
IV.04 Service and Planning Projects or					
IV.05 Economic Development					
BUDGET SECTION (COMPLETE ONE OR BOTH):					
V.01 For Capital Projects and/or	5				
V.02 For Operational Support	5				
ATTACHMENTS, ORGANIZATIONAL CAPACITY:					
IRS 501(c)(3) determination *	2				
Most recent audit/financial statement (no older than 2007); may be bound *	2				
Financial management procedures *	2				
Articles of Incorporation *	2				
Corporation By Laws *	2				
Listing of Board of Directors (name, address, phone number, office held, term, compensation, profession, qualification, race, gender, ethnicity) *	2				
Minutes of last three board meetings *	2				
<i>Housing Development Projects only:</i>					
990 Form (most recent copy) *	2				
ATTACHMENTS, PROJECT-SPECIFIC:					
Evidence of site control	2				
Capital project cost estimate	2				
Property appraisal	2				
Resumes/references of principal staff	2				
Job descriptions for implementing staff	2				
Copy of office/program site lease	2				
Documentation of match	2				
Commitments for operational funding (for capital projects to be acquired/developed)	2				
Letters of support (if needed or desired)	2				
<i>Housing Development Projects only:</i> Low Income Tax Credit application if applicable; operating proforma; project sources and uses statement	2				
<i>Residential homeless projects only:</i>					
Resident participation policy	2				

NOTE: "NA" means Not Applicable to this proposal, or not required.

\* These attachments are not required of for-profits and governmental units.

**B. Explanation of Missing Documents:** If any documentation is applicable but is not provided, explain why it is not included in this package. (Attach page as needed to answer.)

**► Section III: GENERAL and COMPLIANCE Items: ALL Applicants Complete ◀**

**A. Organizational Type:**

- ☐ Governmental unit of the City of Atlanta  
☐ Other governmental unit or authority  
☐ Non-profit corporation; date of incorporation \_\_\_\_\_  
☐ For-profit corporation; date of incorporation \_\_\_\_\_  
☐ Community Housing Development Organization (CHDO); incorporation date \_\_\_\_\_

*Organizations desiring designation as City CHDO, contact the Bureau of Housing at 404-330-6390 for more information.*

**B. Type of Funding Requested**

- ☐ Grant      ☐ Loan (Explain below)      ☐ Combination (Explain below)

If this is a loan request or a combined loan/grant request, provide proposed repayment schedule and terms. *Please note that for-profit agencies are generally not eligible for grants. (Expand space below as needed to answer.)*

**C. Board Engagement** (*non-profits, CHDOs, and governmental authorities complete; NA for govt. units and for-profits*)

- Board meeting schedule (e.g., bi-monthly): \_\_\_\_\_  
 Board approval required for annual budget? \_\_\_\_\_  
 Board review of income/expense statements? \_\_\_\_\_ If yes, how often? \_\_\_\_\_

**D. Organizational Policies and Practices:** Indicate below if the organization has in place the items listed. For items not currently in place, or partially in place, explain in the space below the listing why these are not in place.

- An adopted Code of Ethics applicable to staff, Board members, volunteers \_\_\_\_\_  
 An adopted Conflict of Interest policy applicable to staff, Board, volunteers \_\_\_\_\_  
 Procedures to protect client-confidentiality, for staff and volunteers \_\_\_\_\_  
 Selection standards and training process for volunteers \_\_\_\_\_  
 Procedure/document informing clients of their rights and responsibilities \_\_\_\_\_  
 An adopted grievance policy, provided to clients at admission \_\_\_\_\_  
*(Expand space below as needed to explain.)*

**E. Project Site Control:** Indicate below the status of site control for the site where project will be carried out. *Provide documentation of site control (lease agreement, purchase option, property deed) as an Attachment at end of application.*

- ☐ Applicant owns property: Date acquired: \_\_\_\_\_  
☐ Lease. Expiration Date: \_\_\_\_\_  
☐ Option to purchase. Expiration Date: \_\_\_\_\_  
☐ Other, describe below. *(Expand space below as needed to answer.)*

**F. Project Site Compliance:** If project operations are currently being carried out at the site, indicate if site is compliant, partially compliant, or is not compliant with the items listed. For items with which the site is not compliant or partially compliant, explain in the space below what actions are planned to achieve compliance.

- Building Code compliance \_\_\_\_\_  
 Fire Code compliance, and date of last inspection \_\_\_\_\_  
 Health Code compliance, if applicable, and date of last inspection \_\_\_\_\_  
 Emergency evacuation plan, posted on site \_\_\_\_\_  
*(Expand space below as needed to explain.)*



**G. Accessibility for Persons With Physical Disabilities** *(Complete either 1 or 2 below; complete 3 if applicable)*

Facilities and services assisted with CDBG/ESG/HOME funds should be accessible to the disabled whenever feasible. Accessibility examples: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats between 17-19 inches from floor, drain lines under lavatory sink wrapped/insulated, access between floors (elevators, ramps, lifts), other improvements needed to assure full access including serving the blind and deaf.

1. For Capital /Development Projects: Will completed project meet ADA standards for accessibility by the disabled?

☐ Yes ☐ No

2. For Multi-Family Housing Construction Projects with 5 or More Units, or Rehabilitation Projects with 15 or More Units: Will project be Section 504 compliant, with at least 5% of units accessible for person with mobility impairments, at least 2% of units accessible for hearing/sight-impaired persons, and the common spaces accessible?

☐ Yes ☐ No

3. For Service Programs (Direct Services) and Other Non-Capital Projects: Is the facility in which the program operates in compliance with ADA accessibility standards?

☐ Yes ☐ No

4. If you responded "No" above, describe the accessibility problems and your proposed methods to address the problems, including funding and timetable. *(Expand space below as needed to answer.)*

**H. Zoning:** Provide the zoning status of the project site. If zoning is not known, contact the City of Atlanta Zoning Office at 404-330-5173. *(Not required/not applicable for City infrastructure projects.)*

1. What is current zoning classification of project site? \_\_\_\_\_

2. Is site zoned correctly for the proposed activity? ☐ Yes ☐ No ☐ Don't know

3. If "No" or "Don't Know," explain in detail your plan and timetable to obtain needed zoning change, special-use permit, or variance. *(Expand space below as needed to answer.)*

**I. Non-Discrimination and Employment Opportunities** *(Not applicable for governmental units)*

1. Do you notify the public that you do not discriminate based on race, color, religion, gender, sexual orientation, national origin, age or disabilities in hiring practices (for agencies with 15+ employees) or provision of services (all organizations)?

☐ Yes, currently ☐ Not currently ☐ Willing to adopt policy as stated ☐ NA for governmental units

2. If new jobs are created by the requested funding, will you be willing to adopt a hiring policy giving preference to low and/or moderate income residents of the City of Atlanta?

☐ Yes ☐ Not currently ☐ Willing to adopt policy as stated ☐ NA for governmental units

**J. Relocation:** Does project require temporary or permanent relocation or moving of occupants from a structure?

☐ Yes ☐ No ☐ Don't know

*If Yes, project is subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA) and budget should reflect costs for this line item.*

1. # units vacant \_\_\_\_\_ How long have these units been vacant? \_\_\_\_\_

2. # units occupied \_\_\_\_\_ # occupied units requiring ☐ Temporary relocation ☐ Permanent Relocation

3. # occupied units that are Owner-occupied \_\_\_\_\_ Renter-occupied \_\_\_\_\_ Businesses \_\_\_\_\_

4. Projected total relocation cost *(Must be included on budget form)* \$ \_\_\_\_\_

5. Describe relocation plans including timetable, notifications to seller and occupants.

*(Expand space below as needed to answer.)*

**► Section IV.01: To Be Completed by Projects Proposing Single-Family / Multi-Family HOUSING: ◀ Development (including Acquisition), Rehabilitation, Partial Rehabilitation, Downpayment Assistance, and Development Projects by Community Housing Development Organizations (CHDOs)**

**Note:** Projects proposing special-needs housing, such as homeless residential programs, supportive housing for the disabled, or domestic violence shelters, do not use this section. Complete Section IV.02 instead.

**A. For Housing Units to be developed or fully rehabilitated for sale or rent**

(NA for homeowner and homebuyer assistance, partial rehab, and energy conservation)

# Units Proposed to be Produced with City \$ Requested	Total # Units Proposed to be Produced in Entire Project	# Units to Sell/Rent at 0-30% Local Area Median Income (AMI)*	# Units to Sell/Rent at 31-50% Local AMI	# Units to Sell/Rent at 51-60% Local AMI	# Units to Sell/Rent at 61-80% Local AMI	# Units Set Aside for Special Needs**

\* See Instruction packet for Area Median Income, or AMI, currently in effect.

\*\* Special needs due to age (frail elderly), mental illness, substance abuse, or other physical/development impairments.

**B. Planned Use of Requested Funds (complete all that apply)**

Anticipated Use of Funds:	# Units or Households To Be Assisted	# Existing Homeowner Units To Be Assisted	# Assisted Units For Sale	# Assisted Units For Rent
Acquisition of land, vacant/free of structures				
Acquisition of land, with existing structures				
New construction of housing units				
Rehabilitation (full) of existing housing units				
Rehabilitation (partial) of existing housing units (includes emergency and conservation repairs)				
Downpayment assistance			N/A	N/A
Other (specify):				

**C. Project Beneficiaries (Information should relate only to activities supported by the requested funding)**

Describe specifically who will benefit and how they will benefit from the proposed housing, including demographics (such as age and gender of clients, neighborhoods to be targeted/served, or income requirements). Explain how beneficiaries will be selected.

(Expand space below as needed to answer.)

**D. Age of Building(s) Proposed for Funding and/or Adjacent Buildings**

1. If new construction, what is the approximate age of any adjacent or nearby structure(s)? \_\_\_\_\_

2. If renovation/rehab, what is the age of the existing structure(s) or facility(ies)? (Structures over 50 years old are considered historic and require a historic assessment prior to funding. Call the Urban Design Commission at 404-330-6200 for more information.) \_\_\_\_\_

3. Is/are building(s) historic? ☐ Yes ☐ No Is the neighborhood or district historic? ☐ Yes ☐ No

4. If significant renovations have already occurred to structures, describe and give date(s), if known.

(Expand space below as needed to answer.)



**E. Overview Project Description:** Describe specifically the proposed housing development or assistance, including information on the type of units to be produced or assisted in the entire project, information on the type of units to be produced or assisted with the requested City funding, and information on the present condition or characteristics of the units to be assisted. In the description, distinguish between existing housing stock and new or expanded housing stock.

*Note: Housing development and substantial rehabilitation projects will be funded only to support gap financing at the amount required to determine project feasibility for the delivery of HOME Assisted Units.*

*(Expand space below to answer. Use as much space as needed but try to confine answer to no more than two pages.)*

**F. Planning Process and Delivery of Proposed Units:** Describe the extent to which your project will utilize partnerships, joint ventures, strategic alliances, and/or mergers with other organizations in development of the housing units.

*(Expand space below as needed to answer.)*

**G. Project Management:** Describe the process or entity that will be used to provide day-to-day management of construction activities, review of billings, and inspection of work in progress.

*(Expand space below as needed to answer.)*

**H. Timetable:** Provide timetable for execution of project activities, explaining any phasing or staging of activities that will be required. Assume that City funding will be available after June of the program year from which funding is being requested. Timetable should include any needed design or bid preparation activities, bidding and procurement actions, and all major components including marketing of completed units if applicable. Include anticipated project-completion date.

*Note that general construction contractors and sub-contractors are subject to City and federal procurement requirements and competitive bidding/selection and that insurance and bonding requirements apply.*

*Note that the City strongly discourages housing projects that cannot be completed, fully expended, and occupied within 24 months after the project's receipt of funds.*

*(Expand space below as needed to answer.)*

**I. Source of Budget Estimate:** Provide source of project's estimated costs and breakouts, by name (architect, contractor, agency), qualifications, and date of estimates. Attach copy of estimates, if available. Do **not** attach plans and specifications.

*(Expand space below as needed to answer.)*

**J. Property Appraisal:** If the project includes acquisition of land/buildings, attach a copy of the property appraisal that was conducted no later than 12 months prior to the submission date of this proposal. If no such appraisal is available, explain below the basis for the valuation of the land/buildings, and the plan to obtain the needed appraisal.

*(Expand space below as needed to answer.)*

**K. Wage Rates:** Davis-Bacon Federal Wage Rates are usually required for any housing construction/rehabilitation projects funded by CDBG (8 or more units) or HOME (12 or more units). Do cost estimates include these Wage Rates?

☐ Yes      ☐ No. Explain below why wage rates are not included.      ☐ Not Applicable

*(Expand space below as needed to answer.)*

**L. Proposed Use of City Funding:** Explain how you determined the amount of City funding that will be needed for the project, how you anticipate the City's funding will be used, and any phasing or timing considerations in drawing the City's funding. If applying for both capital and operating funds (*submit separate budgets*), explain how the operational support is directly related to the capital project.

*(Expand space below as needed to answer.)*

**M. Estimated Annual Operational Budget:** For facility proposed to be acquired, constructed or renovated, provide the anticipated annual operating budget and explain how these operational funds will be provided, including whether they have been committed and, if so, by whom. Attach documentation of commitments, if available, at end of application. Provide and attach operating proforma.

*(Expand space below as needed to answer.)*

**N. Tax Credits and Other Public Funds:** If the proposed project financing includes Low Income Housing Tax Credits, Housing Opportunity Bond, and/or Tax Exempt Bond Financing, attach copy of LIHTC. Explain anticipated timing and availability of these funds.

*(Expand space below as needed to answer.)*

**O. Program Income and/or CHDO Proceeds:** Explain any fees and income that are anticipated to be generated by the completed project. Include an estimate of the amount of revenue to be generated, its source, and anticipated use. If the agency has any previously-funded projects that generated program income and/or CHDO proceeds, please list those projects, the amount of program income that was generated, when received, and how the amount was used.

*(Expand space below as needed to answer.)*

**P. Affirmative Marketing Plans:** Housing development projects must include plans for marketing the assisted units to low-income eligible buyers or tenants, as applicable. Provide information regarding your marketing plan, including (1) a description of how you intend to attract low-income individuals/families, including any collaborative marketing efforts with other entities (2) copies or descriptions of any marketing materials for prospective applicants, and (3) informational materials describing homebuyer/ tenant/ resident responsibilities.

*(Expand space below as needed to answer.)*

**Q. Organizational Capacity:** Describe other similar housing projects that you are currently developing and/or have recently developed. For each project, please provide (1) brief description of the project; (2) the status and anticipated completion dates; (3) the target market for the project; (4) current occupancy rate; (5) sources of financing; (6) how the project was implemented and managed; and (7) organization's business plan.

*(Expand space below as needed to answer.)*

**R. Staff and Consultant Services:** Job descriptions of all staff to be paid under this project should be included as an attachment, as noted in the Section II. Checklist. If any consultants are to be used in implementing the proposed project, describe the consultant service below and explain why this is needed.

*(Expand space below as needed to answer.)*

**S. Previous Loan Status:** If applicant has outstanding loans with the City of Atlanta on any previously funded housing projects, describe the terms and payment history.

*(Expand space below as needed to answer.)*



**► Section IV.02: To Be Completed by Proposed CAPITAL PROJECTS FOR HOMELESS ◀  
AND SPECIAL-NEEDS HOUSING: Acquisition, Development, and/or Rehabilitation**

**Note:** Projects proposing single-family or multi-family, do not use this section. Complete Section IV.01 instead. Projects proposing non-residential homeless facilities, do not use this section. Complete Section VI.03 instead.

**A. For Homeless and Special-Needs Housing Facilities**

Bed Capacity* in Facility	# Housing Units** in Facility	# Beds Emergency Shelter	# Transitional Beds Housing	# Permanent Supportive Hous'g Beds	Permitted Stay (Mo's)

\* Bed capacity is count of # of persons that could be housed if all bed spaces were full. Count a single bed as 1; count a crib as 1. Count a double/queen/king as 2 if this bed is intended for double occupancy, or as 1 if it is intended for single occupancy.

\*\* Housing unit count not applicable for congregate housing such as shelters and transitional housing provided in group setting with shared common areas.

**B. Populations to be Served:** Specify the demographic and special-needs populations to be served by the project. If housing will serve homeless persons, include an estimate of the % beds to be occupied by the chronic homeless (defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years).

Demographic Population (men, women w/children, etc.)	Approximate % of beds this group will occupy	Special-Needs Population (homeless, mentally ill, etc.)	Approximate % of beds this group will occupy

**NOTE:** percentages above may total more than 100% because categories may overlap.

\*Special Needs due to age (frail elderly), mental illness, substance abuse, or other physical/developmental impairments and/or disabilities.

**C. Project Beneficiaries:** Describe specifically who will benefit from the proposed housing, including any eligibility requirements such as employed at time of admission, disability diagnosis, etc. If the chart in Q. B. above includes a special-needs group, be specific as to how the facility/program will provide service targeted to that groups' needs.  
(Expand space below as needed to answer.)

**D. For Projects Housing Homeless Clients:** Do you have a resident/client participation policy?

☐ Yes (Attach copy)      ☐ No      ☐ No, but willing to adopt such a policy. If not, explain briefly below.  
(Expand space below as needed to answer.)

**E. Age of Building(s) Proposed for Funding and/or Adjacent Buildings**

1. If new construction, what is the approximate age of any adjacent or nearby structure(s)? \_\_\_\_\_

2. If renovation/rehab, what is the age of the existing structure(s) or facility(ies)? (Structures over 50 years old are considered historic and require a historic assessment prior to funding. Call the Urban Design Commission at 404-330-6200 for more information.) \_\_\_\_\_

3. Is/are building(s) historic? ☐ Yes ☐ No      Is the neighborhood or district historic? ☐ Yes ☐ No

4. If significant renovations have already occurred to structures, describe and give date(s), if known.  
(Expand space below as needed to answer.)

**F. Overview Project Description:** Describe specifically the proposed housing facility, including: whether proposed project is new construction, rehabilitation, or an adaptive reuse; information on the type of units to be developed or rehabilitated; and, if rehab or adaptive reuse, information on the present condition or characteristics of the facility or units.  
(Expand space below to answer. Use as much space as needed but try to confine answer to no more than two pages.)

**G. Project Management:** Describe the process or entity that will be used to provide day-to-day management of construction activities, review of billings, and inspection of work in progress.  
(Expand space below as needed to answer.)

**H. Timetable:** Provide your timetable for execution of project activities, explaining any phasing or staging of activities that will be required. Assume that the City's funding will be available after June of the program year from which funding is being requested. Timetable should include any needed design or bid preparation activities, procurement actions, and all major components up to occupancy of the facility.

*Note that general construction contractors and sub-contractors are subject to City and federal procurement requirements and competitive bidding/selection and that insurance and bonding requirements apply.*  
(Expand space below as needed to answer.)

**I. Source of Budget Estimate:** Provide source of project's estimated costs and breakouts, by name (architect, contractor, agency), qualifications, and date of estimates. Attach copy of estimates, if available. Do **not** attach plans and specifications.  
(Expand space below as needed to answer.)

**J. Property Appraisal:** If the project includes acquisition of land/buildings, attach a copy of the property appraisal that was conducted no later than 18 months prior to the submission date of this proposal. If no such appraisal is available, explain below the basis for the valuation of the land/buildings, and the plan to obtain the needed appraisal.  
(Expand space below as needed to answer.)

**K. Wage Rates:** Davis-Bacon Federal Wage Rates are usually required for any construction or rehabilitation projects that are funded by CDBG. Do cost estimates include these Wage Rates?

☐ Yes      ☐ No. Explain below why wage rates are not included.      ☐ Not Applicable  
(Expand space below as needed to answer.)

**L. Proposed Use of City Funding:** Explain how you determined the amount of City funding that will be needed for the project, how you anticipate the City's funding will be used, and any phasing or timing considerations in drawing the City's funding. If applying for both capital and operating funds (*submit separate budgets*), explain how the operational support is directly related to the capital project.  
(Expand space below as needed to answer.)

**M. Estimated Annual Operational Budget:** For the facility proposed to be acquired, constructed or renovated, provide anticipated annual operating budget and explain how these operational funds will be provided, including whether they have been committed and, if so, by whom. Provide documentation of commitments, if available, and an operating proforma.  
(Expand space below as needed to answer.)

**N. Program Income:** Explain any fees and income that are anticipated to be generated by the completed project. If the completed project will charge a fee for service or housing, explain how fees are calculated and applied, how much annual revenue is predicted to be generated by these fees, and how the revenue will be used. Address specifically the disposition of fee-generated revenues above and beyond the program's operational expenses  
(Expand space below as needed to answer.)



**O. Agency Construction Experience:** Describe other similar construction projects that the agency has recently developed (within last five years). For each project, please provide (1) a brief description of the project; (2) its completion date; (2) its current use and/or occupancy rate; (3) sources of financing; and (4) how the project was implemented and managed.  
(Expand space below as needed to answer.)

**P. Agency Operational Experience:** Describe experience that relates specifically to the proposed activity. If agency has not previously implemented any activities similar to proposal, describe other major areas of experience related to agency's ability to implement proposed project. If needed, attach documentation of experience in related area (may include letters of support, funding commitments, and descriptions of past activities).  
(Expand space below as needed to answer.)

**Q. Collaborations and Partnerships:** Briefly describe any collaborations, partnerships, or other working relationships within your service arena which will enhance effective service delivery and /or problem resolution for clients of the proposed facility.

**► Section IV.03: To Be Completed by Projects Proposing Acquisition/Development/Rehabilitation of ◀  
COMMUNITY FACILITIES, PUBLIC INFRASTRUCTURE, ACCESS IMPROVEMENTS FOR THE  
MOTOR IMPAIRED AND/OR SENSORY-IMPAIRED, OR HISTORIC PRESERVATION**

**A. Project Beneficiaries:** Describe specifically who will benefit from the completed project, including a description of the demographic group(s) and geographic area(s) to be served and a projection of the number of persons to be served. If the facility will provide specialized amenities or services for any special-needs groups, be specific as to how the facility/program will provide a service targeted to that groups' needs, and how many persons will benefit.

*(Special-needs persons include the frail elderly, those with mental illness, persons suffering from substance addictions, or persons with other physical/developmental impairments and/or disabilities.)*

*(Expand space below as needed to answer.)*

**B. Overview Project Description:** Describe specifically the proposed facility or facilities, including whether the proposed project is new construction, rehabilitation, or an adaptive reuse. If the project proposes rehabilitation or adaptive reuse of an existing structure, provide information on the present condition or characteristics of the structure.

*(Expand space below to answer. Use as much space as needed but try to confine answer to no more than two pages.)*

**C. Age of Building(s) Proposed for Funding and/or Adjacent Buildings**

1. If new construction, what is the approximate age of any adjacent or nearby structure(s)? \_\_\_\_\_

2. If renovation/rehab, what is the age of the existing structure(s) or facility(ies)? (Structures over 50 years old are considered historic and require a historic assessment prior to funding. Call the Urban Design Commission at 404-330-6200 for more information.) \_\_\_\_\_

3. Is/are building(s) historic? ☐ Yes ☐ No Is the neighborhood or district historic? ☐ Yes ☐ No

4. If significant renovations have already occurred to structures, describe and give date(s), if known.

*(Expand space below as needed to answer.)*

**D. Project Management:** Describe the process or entity that will be used to provide day-to-day management of construction activities, review of billings, and inspection of work in progress.

*(Expand space below as needed to answer.)*

**E. Timetable:** Provide your timetable for execution of project activities, explaining any phasing or staging of activities that will be required. Assume that the City's funding will be available after June of the program year from which funding is being requested. Timetable should include any needed design or bid preparation activities, procurement actions, and all major components up to occupancy of the facility.

*Note that general construction contractors and sub-contractors are subject to City and federal procurement requirements and competitive bidding/selection and that insurance and bonding requirements apply.*

*(Expand space below as needed to answer.)*

**F. Source of Budget Estimate:** Provide source of project's estimated costs and breakouts, by name (architect, contractor, agency), qualifications, and date of estimates. Attach copy of estimates, if available. Do **not** attach plans and specifications.

*(Expand space below as needed to answer.)*

**G. Property Appraisal:** If the project includes acquisition of land/buildings, attach a copy of the property appraisal that was conducted no later than 18 months prior to the submission date of this proposal. If no such appraisal is available, explain below the basis for the valuation of the land/buildings, and the plan to obtain the needed appraisal.

*(Expand space below as needed to answer.)*

**H. Wage Rates:** Davis-Bacon Federal Wage Rates are usually required for any construction or rehabilitation projects that are funded by CDBG. Do cost estimates include these Wage Rates?

☐ Yes      ☐ No. Explain below why wage rates are not included.      ☐ Not Applicable  
(Expand space below as needed to answer.)

**I. Proposed Use of City Funding** (NA for City infrastructure projects)

Explain how you determined the amount of City funding that will be needed for the project, how you anticipate the City's funding will be used, and any phasing or timing considerations in drawing the City's funding. If applying for both capital and operating funds (*submit separate budgets*), explain how the operational support is directly related to the capital project.  
(Expand space below as needed to answer.)

**J. Estimated Annual Operational Budget:** For the facility proposed to be acquired, constructed or renovated, provide the anticipated annual operating budget and explain how these operational funds will be provided, including whether they have been committed and, if so, by whom. Provide documentation of commitments, if available.  
(Expand space below as needed to answer.)

**K. Program Income** (NA for City infrastructure projects)

Explain any fees and income that are anticipated to be generated by the completed project. If the completed project will charge a fee for service, explain how fees are calculated and applied, how much annual revenue is predicted to be generated by these fees, and how the revenue will be used. Address specifically the disposition of fee-generated revenues above and beyond the program's operational expenses.  
(Expand space below as needed to answer.)

**L. Agency Construction Experience**

Describe other similar construction projects that the agency has recently developed (within last five years). For each project, please provide (1) a brief description of the project; (2) its completion date; (2) its current use and/or occupancy rate; (3) sources of financing; and (4) how the project was implemented and managed.  
(Expand space below as needed to answer.)

**M. Agency Operational Experience** (NA for City infrastructure projects)

Describe experience that relates specifically to proposed activity. If agency has not previously implemented any activities similar to proposal, describe other major areas of experience related to agency's ability to implement proposed project. If needed, attach documentation of experience in related area (may include letters of support, funding commitments, resumes of principal staff, and descriptions of past activities). Briefly describe any collaborations, partnerships, or other working relationships within your service arena which will enhance effective service delivery and /or problem resolution for clients of the proposed facility.  
(Expand space below as needed to answer.)

**N. Environmental Benefits**

Describe any environmental benefits, if any, including alternative energy utilization, energy efficiencies, alleviation of significant health and safety problems, reductions of air/noise/water pollution, relief from environmental nuisances, and/or other "green" benefits. (Expand space below if needed for answer.)

**O. Underserved Areas**

Describe whether the project creates/expands community facilities and/or infrastructure in areas which are significantly underserved. Explain the extent of the under service providing any available data or documentation of the problem.  
(Expand space below if needed for answer.)



**P. Problems/Deficiencies in City Infrastructure or Facilities**

Describe if the project addresses serious problems or deficiencies in existing City infrastructure or City facilities. Include data and documentation of problems.

*(Expand space below if needed for answer.)*

**Q. Current Projects with HUD Funding**

List all currently funded projects using HUD grant funds, indicate originally scheduled completion dates; if delayed, explain delays and provide estimated new completion dates.

*(Expand space below if needed for answer.)*

**► Section IV.04: To Be Completed by Proposed SERVICE AND PLANNING PROJECTS ◀**  
**including Homeless Services, Other Human Services, and Planning Activities**

**Note: Service programs proposing facility development or rehabilitation, do not use this section.**  
**Complete Section IV.02 or Section IV.03 instead.**

**A. For All Direct Service projects; or services provided by this project only**

1. Service levels, % low-income served, and demographic group(s) served  
 (If service is not restricted or targeted to a particular demographic group, indicate "all.")

Annual Unduplicated # Persons Served	Average # Served Daily	% Low Income	Demographic Population(s) served (for example, men, women w/children, etc.)
		%	

2. Special-Needs group(s)  
 Specify the special-need group or groups to be served by the project, if any. If service is not restricted or targeted to a particular special-needs group, put NA.

% Persons w/ Special Needs *	% Chronic Homeless Individuals**	% Homeless Individuals	% Persons in Homeless Families	% Elderly	% Other special-needs / specify need:
%	%	%	%	%	/

*NOTE: percentages above may total more than 100% because categories may overlap.*

*\*Special Needs due to age (frail elderly), mental illness, substance abuse, or other physical/developmental impairments and/or disabilities.*

*\*\* Chronic homeless defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years.*

**B. For services provided by all agency programs**

1. Service levels, % low-income served, and demographic group(s) served  
 (If service is not restricted or targeted to a particular demographic group, indicate "all.")

Annual Unduplicated # Persons Served	Average # Served Daily	% Low Income	Demographic Population(s) served (for example, men, women w/children, etc.)
		%	

2. Special-Needs group(s)  
 Specify the special-need group or groups served by the entire agency/all programs, if any. If service is not restricted or targeted to a particular special-needs group, put NA.

% Persons w/ Special Needs *	% Chronic Homeless Individuals**	% Homeless Individuals	% Persons in Homeless Families	% Elderly	% Other special-needs / specify need:
%	%	%	%	%	/

*NOTE: percentages above may total more than 100% because categories may overlap.*

*\*Special Needs due to age (frail elderly), mental illness, substance abuse, or other physical/developmental impairments and/or disabilities.*

*\*\* Chronic homeless defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years.*

**C. For Homeless and Special-Needs Housing Residential Projects Only**

Bed Capacity* in Facility	# Housing Units** in Facility	# Beds Emergency Shelter	# Transitional Housing Beds	# Permanent Supportive Housing Beds	Permitted Stay (Mo's)

*\* Bed capacity is count of # of persons that could be housed if all bed spaces were full. Count a single bed as 1; count a crib as 1. Count a double/queen/king as 2 if this bed is intended for double occupancy, or as 1 if it is intended for single occupancy.*

*\*\* Housing unit count not applicable for congregate housing such as shelters and transitional housing provided in group setting with shared common areas.*

**D. Project Beneficiaries**

Describe specifically who will benefit and how they will benefit from the proposed housing, including any eligibility requirements such as employed at time of admission, disability diagnosis, etc. If the charts above include a special-needs group, be specific as to how the program will provide service targeted to that groups' needs.  
(Expand space below as needed to answer.)

**E. Detailed Project Description:** Describe specifically what you propose to do with the requested funds, how you propose to do it, and how you anticipate the City's funding will be used. Be sure to distinguish between existing activities and new or expanded activities. Describe any partnerships or collaborations that are an integral part of this activity. Explain how follow-up is conducted to determine short-term and long-term accomplishments.

(Expand space below to answer. Use as much space as needed but try to confine answer to no more than two pages.)

**F. Timetable:** Assume that grant funding will be available after June of the program year from which funding is being requested. Provide your timetable for execution of project activities, explaining any phasing or staging of activities that will be required, such as hiring of new staff. Timetable should include execution of contract with the City (allow at least six weeks), and all major project components. Include anticipated project-completion date.

(Expand space below as needed to answer.)

**G. For Projects Housing Homeless Clients:** Do you have a resident/client participation policy?

☐ Yes (Attach copy)

☐ No

☐ No, but willing to adopt such a policy. If not, explain briefly below.

(Expand space below as needed to answer.)

**H. Agency Experience:** Describe experience that relates specifically to the proposed activity. If agency has not previously implemented any activities similar to proposal, describe other major areas of experience related to agency's ability to implement proposed project. If needed, attach documentation of experience in related area (may include letters of support, funding commitments, and descriptions of past activities).

(Expand space below as needed to answer.)

**I. Staff and Consultant Services:** Job descriptions of all staff to be paid under this project should be included as an attachment, as noted in the Section II. Checklist. If any consultants are to be used in implementing the proposed project, describe the consultant service below and explain why this is needed.

**J. Program Fees:** If the project charges a fee for service, explain how fees are calculated and applied, how much annual revenue is predicted to be generated by these fees, and how the revenue will be used. Address specifically the disposition of fee-generated revenues above and beyond the program's operational expenses.

(Expand space below as needed to answer.)



**H. Anticipated Project Outcomes:** Complete the chart below to describe the most significant Outcome(s) this project is expected to have for its participants during the program year. Tell how many households or individuals will realize each outcome, and how each outcome will be measured. Use additional forms if more than two (2) outcomes are proposed. ).

**Outcomes:** Outcomes are not the activities of the agency, but how these activities impact the people being served. Outcomes may be long term or short term but must be quantified and measurable. Outcomes must relate to activities funded under this contract and should be limited in number to reflect only major impacts.

**Tasks:** Describe the major activities carried out by the contractor/agency that lead to the specific Outcome. All Tasks must be quantified as to either the number of services provided and/or the number of people receiving the service.

**Outcome Measurements:** How will agency determine whether an Outcome has been achieved; how specifically will success be determined? Outcome Measures must be specific as to methodology and reporting requirements, including follow-up and reporting timetables. Measures must be an accurate reflection of the specific Outcome being addressed.

*(Expand table cells below, or copy and repeat, as needed to answer.)*

<b>Outcome # 1</b>	<i>Describe how participants will benefit and how many are expected to realize this outcome.</i>
<b>Major Tasks Necessary to Realize Outcome</b>	
<b>Outcome Measures:</b> <i>Describe methodology, reporting requirement and timetable for each Measure.</i>	

<b>Outcome # 2</b>	<i>Describe how participants will benefit and how many are expected to realize this outcome.</i>
<b>Major Tasks Necessary to Realize Outcome</b>	
<b>Outcome Measures:</b> <i>Describe methodology, reporting requirement and timetable for each Measure.</i>	

**► Section IV.05: To Be Completed by ECONOMIC DEVELOPMENT Projects ◀**

**A. Eligible Economic Development Activities:** Please check below the eligible economic development activities that will be undertaken: *(check as many as apply)*.

<input type="checkbox"/>	Commercial/industrial land acquisition/disposition
<input type="checkbox"/>	Commercial/industrial infrastructure development
<input type="checkbox"/>	Commercial/industrial building acquisition, construction, rehabilitation
<input type="checkbox"/>	Other commercial/industrial improvements
<input type="checkbox"/>	Direct financial assistance to for-profits
<input type="checkbox"/>	Economic development technical assistance
<input type="checkbox"/>	Micro-enterprise assistance
<input type="checkbox"/>	Other; specify: _____

**B. Estimated Full-time Private Sector Jobs Created/Retained (if applicable)**

#new jobs to be created	# existing jobs to be retained	# of jobs to be available to low/mod persons

**C. Business Assistance**

1. Number of Businesses Assisted (if applicable)

#new businesses to be assisted	# business expansions to be assisted	# business relocations to be assisted

2. For Business Relocations: Specify area/location from which business will move, and explain why relocation is needed.  
*(Expand space below as needed to answer.)*

**D. Beneficiaries**

1. Describe below the commercial/industrial area(s) that will be impacted by the proposed activities. Provide specific boundaries, by street name or similar features, for the areas.  
*(Expand space below as needed to answer.)*

2. Do the assisted businesses provide goods/services to meet the needs of the surrounding service area, neighborhood, or community? Please explain, identifying the specific benefit or service to the geographic area.  
*(Expand space below as needed to answer.)*

3. Public benefit standards: For proposed funding for economic development projects to for-profit businesses, provide the following benefit information:

Cost per job to be created/retained/relocated by the funding being requested; <b>OR</b>	\$ _____
Cost per low/moderate income resident to be served by the funding requested	\$ _____

**E. Detailed Project Description:** Describe specifically what you propose to do with the requested funds, how you propose to do it, and how you anticipate the City's funding will be used. Describe any partnerships or collaborations that are an integral part of the proposed project.

*(Expand space below to answer. Use as much space as needed but try to confine answer to no more than two pages.)*

**F. Planning Process:** Describe the extent to which your project will utilize partnerships, joint ventures, strategic alliances, and other cooperation with other organizations for this activity.

*(Expand space below as needed to answer.)*

**G. Timetable:** Provide timetable for execution of project activities, explaining any phasing or staging of activities that will be required. Assume the City's funding will be available after June of program year from which funding is being requested. *(Expand space below as needed to answer.)*

**H. Age of Building(s) Proposed for Funding and/or Adjacent Buildings**

1. If new construction, what is the approximate age of any adjacent or nearby structure(s)? \_\_\_\_\_
2. If renovation/rehab, what is the age of the existing structure(s) or facility(ies)? (Structures over 50 years old are considered historic and require a historic assessment prior to funding. Call the Urban Design Commission at 404-330-6200 for more information.) \_\_\_\_\_
3. Is/are building(s) historic? ☐ Yes ☐ No Is the neighborhood or district historic? ☐ Yes ☐ No
4. If significant renovations have already occurred to structures, describe and give date(s), if known. *(Expand space below as needed to answer.)*

**I. For Construction/Development Projects, Source of Budget Estimate:** Provide source of project's estimated costs and breakouts, by name (architect, contractor, agency), qualifications, and date of estimates. Attach copy of estimates, if available. Do **not** attach plans and specifications. *(Expand space below as needed to answer.)*

**J. For Construction/Development Projects, Property Appraisal:** If the project includes acquisition of land/buildings, attach a copy of the property appraisal that was conducted no later than 18 months prior to the submission date of this proposal. If no such appraisal is available, explain below the basis for the valuation of the land/buildings, and the plan to obtain the needed appraisal. *(Expand space below as needed to answer.)*

**K. For Construction/Development Projects, Wage Rates:** Davis-Bacon Federal Wage Rates are usually required for any construction or rehabilitation projects that are funded by CDBG. Do cost estimates include these Wage Rates?  
☐ Yes ☐ No. Explain below why wage rates are not included. ☐ Not Applicable  
*(Expand space below as needed to answer.)*

**L. Financial Appropriateness:** Explain how you determined the amount of City funding that will be needed for the project, including a financial analysis that explains a financing gap and/or a rate of return gap, and an operating pro-forma. Explain and provide documentation, if possible, of the unavailability of private/other funding for the project. *(Expand space below as needed to answer.)*

**M. Estimated Annual Operational Budget:** For a facility proposed to be acquired, constructed, or renovated, provide the anticipated annual operating budget and explain how the operational funds will be generated. *(Expand space below as needed to answer.)*

**N. Program Income:** Explain any fees and income that are anticipated to be generated by the completed project. Include an estimate of the amount of revenue to be generated, its source, and its anticipated use. If revenue will be used to repay development loans, including the City's, please describe the proposed repayment schedule for all lenders. *(Expand space below as needed to answer.)*



► Section V.01: Budget for CONSTRUCTION/DEVELOPMENT Projects ◀

**Note:** A project that has both physical improvement and operational components in the same project should complete both budget sections, V.01 and V.02.

**SERVICE-ONLY** programs, do not use this budget. Complete Section V.02 instead.

**A. Budget:** Complete the budget chart below. Include all items associated with implementing the proposed activities.

If the project has more than one distinct component – for example, a project that will be developing two or three different sites with different cost items at each site – copy this budget form and complete a separate budget for each separate component. Complete the heading below to indicate which component the budget covers.

☐ NA; no components      Project component or site (name): \_\_\_\_\_

[illegible]

*<sup>1</sup>Note that General Liability Insurance or General Commercial Liability(\$1 million)); Automobile Liability Insurance, Worker's Compensation, Fidelity Bond (100% of contract amount),and Payment and Performance Bonding are usually required for all contractors. Builders' Risk Insurance is required for all new construction. Costs for coverage should be included in this Budget Summary. If you do not already have this coverage, it is an eligible CDBG/ESG/HOME expense. All policies must have endorsement specifically naming the City of Atlanta as additional insured.*

<sup>2</sup>All projects must have annual independent audit. Agencies with total annual federal or federally-derived funding of \$500,000 or more must have annual A-133 audit. Cost of conducting this audit is an eligible CDBG/ESG/HOME expense.

**B. Matching Funds, In-Kind Resources, and/or Donations from Other Sources:** Complete the chart below to show cash match, donated or in-kind physical match (such as free space, equipment, etc.) or in-kind professional match. Also include other federal, State, County and City funding, as well as Low Income Housing Tax Credits (LIHTC) if applicable.

NOTE: If project includes both capital and operational funding and agency is submitting request for funding for both components, the same match cannot be used for both components.

Proposed Source	C/IK <sup>1</sup>	\$ Value	Status Code <sup>2</sup>	Date that \$/Resource will be Available to Project
Total \$ Value:		\$		

<sup>1</sup>Indicate whether Resource is being provided as Cash (C) or an In Kind (IK) contribution.

<sup>2</sup>Status Codes:

C = Committed: **Attach documentation** or provide timetable for submission of documentation. Professional in-kind match is considered as Committed only with written documentation. For continuing-funding resources not yet committed for next year, provide most recent award letters. Additional documentation may be submitted as available through August. If committed but undocumented, explain in C. below.

A = Applied For: Provide status and estimated notification date C. below.

TBR = To Be Raised: Describe funding plan and timetable in C. below.

**C. Explanation of Status for Other Resources**

(Expand space below as needed to answer.)

**D. For Housing Development Projects Only:** Attach development's sources and uses statement.

**► Section V.02: Budget for SERVICE/OPERATIONAL COSTS ◀**

**Note:** A project that has both physical improvement and operational components in the same project should complete both budget sections, V.01 and V.02.

DEVELOPMENT/CONSTRUCTION projects, do not use this budget. Complete Section V.02 instead.

**A. Summary Budget:** Complete budget chart below. Include all items associated with implementing proposed activities, regardless of funding source. This section summarizes the information provided in more detail in D., Budget Breakdown, and should be consistent with that information. Include only the costs associated with the proposed activity, not all of the agency or organization expenses or resources.

Budget Line Item	Total Project Cost \$	City \$s Requested
1. Staff Salaries <sup>1</sup>		
2. Staff Fringe Benefits		
3. Staff Travel		
4. Office/Program Communications		
5. Office Rental/Lease		
6. Office Utilities		
7. Equipment Purchase		
8. Printing and Reproduction		
9. Office Materials/Supplies		
10. Insurance and Bonding <sup>2</sup>		
11. Contractual Services		
12. Audit <sup>3</sup>		
13. Office Maintenance and Repairs		
14. Other Direct Office/Program Cost		
15. Direct Client Cost <sup>4</sup>		
<b>GRAND TOTALS</b> \$		

<sup>1</sup> Attach job descriptions of all staff members to be paid under this project.

<sup>2</sup> Note that General Liability Insurance (\$1 million), Automobile Liability Insurance, if appropriate, and Fidelity Bond (100% of contract amount) are usually required for all contractors. Costs for coverage should be included in this Budget Summary. If you do not already have this coverage, this is an eligible CDBG/ESG/HOME expense. All policies must have endorsement specifically naming the City of Atlanta as additional insured.

<sup>3</sup> All projects funded under the Consolidated Plan programs must have an annual independent audit. Agencies with total annual federal or federally-derived funding of \$500,000 or more must have an annual A-133 audit. The cost of conducting this audit is an eligible CDBG/ESG/HOME expense.

<sup>4</sup> Direct Client Costs include those expenses that can be tied directly with a benefiting client or household, and those tangible items that are supplied directly to clients. These costs can include: rental/lease of a housing unit; payment of utility bills for a housing unit; MARTA Breeze cards; furniture or equipment for a housing unit; financial aid to prevent homelessness or to enable a family to move into a permanent housing unit; clothing or hygiene supplies for clients; etc.



**B. Matching Funds, In-Kind Resources, and/or Donations from Other Sources:** Complete the chart below to show cash match, donated or in-kind physical match (such as free space, equipment, etc.) or in-kind professional match. Also include other federal, State, County and City funding, as well as Low Income Housing Tax Credits (LIHTC) if applicable.

NOTE: If project includes both capital and operational funding and agency is submitting request for funding for both components, the same match cannot be used for both components.

Proposed Source	C/IK <sup>1</sup>	\$ Value	Status Code <sup>2</sup>	Date that \$/Resource will be Available to Project
Total \$ Value:		\$		

<sup>1</sup>Indicate whether Resource is being provided as Cash (C) or an In Kind (IK) contribution.

<sup>2</sup>Status Codes:

C = Committed: **Attach documentation** or provide timetable for submission of documentation. Professional in-kind match is considered as Committed only with written documentation. For continuing-funding resources not yet committed for next year, provide most recent award letters. Additional documentation may be submitted as available through August. If committed but undocumented, explain in C. below.

A = Applied For: Provide status and estimated notification date C. below.

TBR = To Be Raised: Describe funding plan and timetable in C. below.

### C.1. Explanation of Status for Other Resources

(Expand space below as needed to answer.)

**C.2. Volunteer Hours Calculation:** Volunteer hours are calculated at \$10/hour, and annual hours must be based on previous year's documented hours or on documented commitments for the upcoming year. Professional services may be calculated at the rate normally charged by the professional volunteer to for-profit entities, but this calculation must be accompanied by a signed statement from the volunteer stating his or her normal hourly rate and the # of hours to be volunteered to this project in the upcoming year.

a) General Volunteers	x	# Hours/Year	x	\$10/Hour	=	Total \$ Value
	x		x		=	
b) Professional Volunteers (specify):	x	# Hours/Year	x	\$ Rate/Hour (specify)	=	Total \$ Value
	x		x		=	
	x		x		=	

**D. Detailed Budget Breakdown:** This section provides back-up for each line item shown in A., Budget Summary. Please make sure this detailed breakdown is consistent with the Budget Summary.

**1. Staff Salaries Breakdown:** Please show all staff positions, regardless of funding source, which relate to proposed activity. If multiple staff members have the same position-title, list separately, e.g. Counselor 1, Counselor 2.

Staff Salaries: Position Title	Salary Per Pay Period	x	% Time On This Project	x	# Pay Periods	=	Total PROJECT Cost
<i>Example: Director</i>	<i>@ \$300</i>	<i>x</i>	<i>40%</i>	<i>x</i>	<i>26</i>	<i>=</i>	<i>3,120</i>
		x		x		=	
		x		x		=	
		x		x		=	
		x		x		=	
		x		x		=	
		x		x		=	
		x		x		=	
		x		x		=	
		x		x		=	
		x		x		=	
		x		x		=	
		x		x		=	
		x		x		=	
		x		x		=	
		x		x		=	
<b>Salary Total:</b>							<b>\$</b>

2. Staff Fringe Benefits	%	x	Project Salary \$ Above	=	Total Project Cost
F.I.C.A.	7.65%	x		=	
Workman's Comp		x		=	
Health/Welfare		x		=	
Retirement/Pension		x		=	
Other (Specify):		x		=	
		x		=	
<b>Fringe Total:</b>					<b>\$</b>

**3. Auto Allowance** (Maximum of 44.5¢/mile permitted from grant funding)

# Miles/Week	x	¢/Mile	x	# Weeks	x	# Staff	=	Total Project Cost
	x		x		x		=	\$

Staff positions to receive auto allowance: (List titles)

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4. Communications	Cost/Month	x	# Months	=	Total Project Cost
a. Phone, Base Rate		x		=	
Long Distance		x		=	
Installation (1 time only)		x	NA	=	
b. Postage		x		=	
c. Internet Service		x		=	
d. Other		x		=	
<b>Communications Total:</b>					<b>\$</b>

5. Office Rental/Lease, a. Address:	Sq. Ft.	x	Mo. \$/Sq. Ft.	=	\$/Month	x	# Mo.	=	Total Project Cost
		x		=		x		=	
		x		=		x		=	
<b>5.b. Equipment Lease (list items):</b>									<b>Total Project Cost</b>
			\$ per Month	x			# Months	=	
				x				=	
				x				=	
<b>Office Rental/Lease Total:</b>									<b>\$</b>

6. Utilities, Service (specify):	\$ per Month	x	# Months	=	Total Project Cost
		x		=	
		x		=	
		x		=	
		x		=	
<b>Office Utilities Total:</b>					<b>\$</b>

7. Equipment Purchase, Item Name	# Units	x	Cost per Unit	=	Total Project Cost
		x		=	
		x		=	
		x		=	
		x		=	
<b>Equipment Total:</b>					<b>\$</b>

8. Printing and Reproduction, Description	Total Project Cost
<b>Printing and Reproduction Total:</b>	
	<b>\$</b>



9. Office Materials/Supplies, a. Office Supplies <sup>1</sup>	\$/Month	x	# Staff	x	# Mo's	=	Total Project Cost
		x		x		=	
		x		x		=	

<sup>1</sup>Maximum of \$250/person/year is acceptable for grant portion.

9.b. Operating Supplies	\$/Month	x	# Months	=	Total Project Cost
		x		=	
		x		=	
		x		=	
<b>Office Materials/Supplies Total:</b>					<b>\$</b>

10. Insurance and Bonding	Total Project Cost
a. Liability Bond	
b. Fidelity Bond	
c. Other (Specify):	
<b>Insurance and Bonding Total:</b>	<b>\$</b>

11. Contractual Services, Description	Total Project Cost
<b>Contractual Services Total:</b>	<b>\$</b>

12. Audit: Non-profits receiving \$500,000 or more annually in federal or federally-derived funding are required to have an audit in compliance with OMB Circular A-133. <b>Audit Total:</b>	<b>\$</b>
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13. Office/Program Maintenance and Repairs: Describe, provide basis for cost estimate.	Total Project Cost
<b>Office/Program Maintenance and Repairs Total:</b>	<b>\$</b>

14. Other Direct Office/Program Costs, Description	Total Project Cost
<b>Other Direct Office/Program Total:</b>	<b>\$</b>

15. Direct Client Costs, Description including # of clients to receive items	Total Project Cost
<b>Direct Client Total:</b>	<b>\$</b>